

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734073

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF ORLANDO, FL  
ORIDA, INC.

Principal Place of Business

1229 HILLCREST STREET  
ORLANDO FL 32803

Mailing Address

1229 HILLCREST STREET  
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

NESSERI, MINOO  
1111 KESPER DRIVE  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name Shahla Mohajer

Street Address (P.O. Box Number is Not Acceptable)

5037 Nadine Street

City Orlando

FL

32807-1333

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Shahla Mohajer

Signature, typed or printed name of registered agent and title if applicable.

Shahla Mohajer

(NOTE: Registered Agent signature required when reinstating)

April 25, 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                  |                                            |
|------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>SADRI, FERAMARZ<br>1318 S. CONWAY RD<br>ORLANDO FL 32812   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVC<br>NASSER, MOHATER<br>5037 NADINE STREET<br>ORLANDO FL 32807 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>NESSERI, MINOO<br>1111 KESPER DRIVE<br>ORLANDO FL 32808    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRAIG, FRANCES<br>708 EUCLID AVE<br>ORLANDO FL              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MOHAJER, SHAHLA<br>5037 NADINE ST<br>ORLANDO FL             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOLLING, FARANGIS<br>4506 ROCKLEDGE RD<br>ORLANDO FL 32807  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVC<br>Naser Mohajer<br>5037 Nadine St.<br>Orlando, FL 32807-1333 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Shahla Mohajer<br>5037 Nadine St.<br>Orlando, FL 32807-1333 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Naser Mohajer<br>5037 Nadine St.<br>Orlando, FL 32807-1333   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 17, 2002 8:00 am  
Secretary of State

05-20-2002 90258 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4-24-01